

- Evaluation criteria and performance expectations are shared with students and preceptors prior to the clerkship rotation.
- Hospital affiliations are listed in the school catalog. Students are not expected to find their own clerkships.
- There is demonstrated continuity between the basic science campus and the clinical medicine program.
- Students are permitted choices and preferences for clerkship assignments.
- There are sufficient clerkship and staff members to process and track all students during third and fourth year rotations.
- Students are given timely notification of assignments, particularly those that involve geographical relocation.
- There are a sufficient number of hospitals and preceptors in hospitals with a structured teaching program to meet student needs.
- Affiliated hospitals have sufficient clinical teaching material for students.
- Full-time qualified medical school administrative staff are available to monitor the student's progress on a regular basis.
- Hospitals and preceptors are monitored on a regular basis by appointed staff.
- Student evaluations are done on a regular basis for each clerkship experience.
- Clerkship credit is never given for on the job training as an allied health professional. Clerkship students are fulltime medical students.

[top](#)

#### Section VI. Faculty:

- Names educational background and qualifications of faculty are reported in the school catalog and accurately represent actual on site, fulltime faculty.
- There is sufficient experienced, full-time, qualified faculty to teach each course in the curriculum.
- Full-time faculty member are in residence at the site of the basic science campus. There is minimum reliance on part-time or visiting faculty.
- Each basic science division has a qualified, designated chair or director.
- Faculty are not expected to cover more than 2 courses or teach out of their areas of expertise.
- Faculty are encouraged to conduct scholarly research.
- Faculty members are expected to participate in standing committees.
- Professional development opportunities are available to faculty locally.
- There are provisions for funding for faculty to attend professional meetings.
- Student evaluations are shared with faculty members.

[top](#)

#### Section VII. Financial:

- Total tuition and fee costs are published in the school catalog.
- Students are provided with a realistic breakdown of cost of living expenses prior to matriculation.
- Tuition and fee refund policies are clearly stated in the school catalog and web site.
- Tuition and or refundable deposits are returned in a timely manner should a

student decline matriculation.

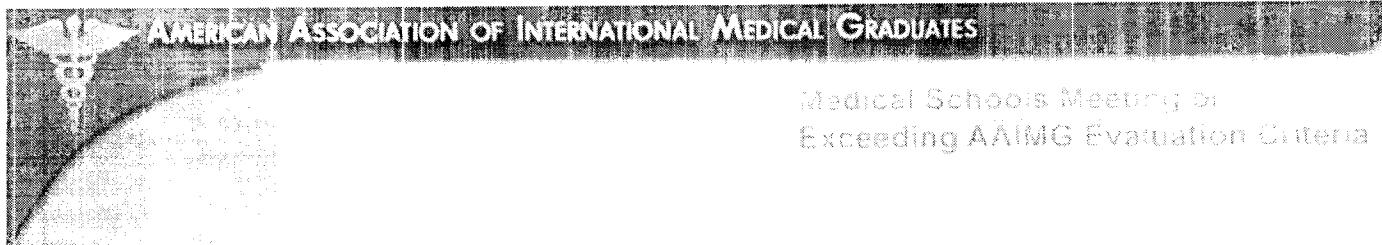
- A detailed description of all financial aid programs is listed in the school catalog.
- Trained personnel are available to provide financial counseling.
- The medical school participates in federal loan program or regulated private loans that provide competitive interest rates.
- Financial aid disbursements are made to students in a timely manner.
- Scholarships on the basis of merit or need are available to qualified parties.

[top](#)

#### Section VIII. Legal/Other:

- Each school is evaluated for history of problems with licensing boards or other regulatory agencies.
- Each school is evaluated for infractions with student loan programs.
- Each school is evaluated for a history of failing to return tuition or deposits in a timely manner.
- Transcripts, licensing and hospital privileging endorsements are available in a timely manner at a nominal charge.
- The medical school insures that all student records are accurate and kept in perpetuity in a secure location.

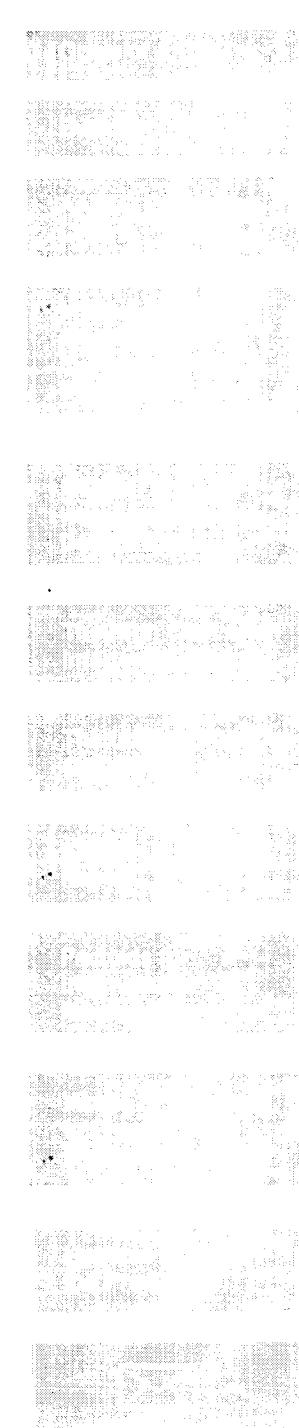
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Medical Schools Meeting or  
Exceeding AAIMG Evaluation Criteria

The threshold for meeting or exceeding AAIMG evaluation criteria was a minimum of 75% compliance in each category.

- **St. Georges School of Medicine,**  
Grenada, West Indies  
**Deficiencies**  
Section IV a  
Section VII i
- **Saba University School of Medicine,**  
Saba, Netherlands Antilles  
**Deficiencies**  
Section I c  
Section III e  
Section VII i
- **American University of the Caribbean:**  
St. Maarten, Netherlands Antilles  
**Deficiencies**  
Section I c,i  
Section II k  
Section IV f,n  
Section V g  
Section VII i
- **Ross University School of Medicine,**  
Portsmouth, Dominica, West Indies  
**Deficiencies**  
Section I i  
Section II a,n  
Section IV f,n  
Section V g,i  
Section VII i
- **\*Medical University of the Americas,**  
Nevis, 2000, West Indies  
**Deficiencies**  
Section I c  
Section II c  
Section III d,e  
Section IV f  
Section V c,n  
Section VII i



- **Universidad Iberoamerica,**  
Santo, Domingo, Dominican Republic  
**Deficiencies**  
Section I c,f,  
Section II g  
Section III k  
Section IV a,g,n  
Section VI c  
Section VII i  
Section VIII d
- **Instituto Technologica De Santo Domingo,**  
Dominican Republic  
**Deficiencies**  
Section I a,c  
Section II f,g,l  
Section III k  
Section IV a,e,f  
Section V g,n
- **Universidad Autonoma de Guadalajara,**  
Guadalajara, Jalisco, Mexico  
**Deficiencies**  
Section I c,i  
Section IV a,n  
Section III k  
Section IV f,k,n  
Section V g,n  
Section VII i  
Section VIII d
- **Universidad Autonoma de Ciudad Juarez,**  
Juarez, Mexico  
**Deficiencies**  
Section I c,d  
Section III k  
Section IV a,f,k,n  
Section V d,g,n  
Section VI f,j  
Section VIII d
- **Universidad De Monterrey,**  
Monterrey, Mexico  
**Deficiencies**  
Section I c  
Section III l,k  
Section IV a,c,f,k  
Section V d,g,n  
Section VI f,j  
Section VIII d
- **Instituto Tecnologico y de Estudios Superiores de Monterrey,**  
Monterrey, Mexico

American Association of International Medical ~~Graduates~~

**Deficiencies**

Section I c  
Section III k  
Section IV a,f  
Section VI j  
Section VIII d

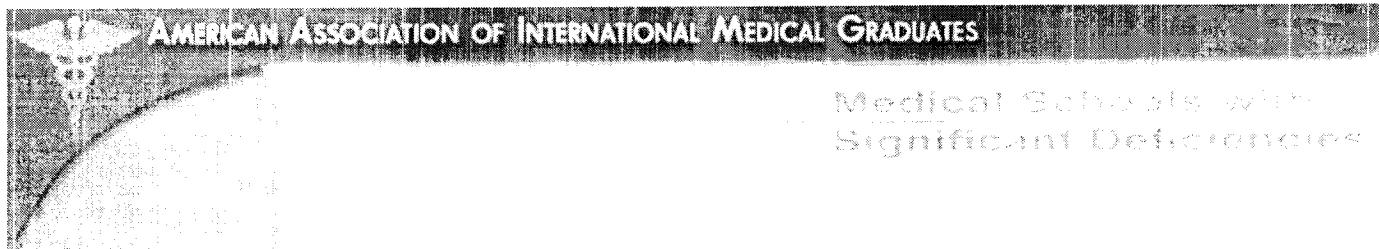
- **Universidad de Montemorelos,**  
Nuevo Leon, Montemorelos, Mexico

**Deficiencies**

Section I c  
Section II k  
Section III k  
Section IV a,f  
Section VI f,j

\* This school was listed as provisional in the last report. It is rare for AAIMG to find 75% compliance for a new school, particularly in the Caribbean Basin. Of 9 new schools to open in the Caribbean and Central America since 1997, this is the only school with a permanent, suitable physical facility, adequate staffing and developed clerkships.

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## Medical Schools with Significant Deficiencies

The following schools were noted by evaluation teams to have multiple, serious deficiencies. AAIMG urges prospective applicants to proceed with caution and to carefully investigate any school listed below in order to arrive at their own conclusions. Applicants are encouraged to read the AAIMG web page section titled, "Words of Wisdom."

- **Windsor School of Medicine,**  
St. Christopher, West Indies, 2000  
**Deficiencies**  
Section I a,b,c,d, e,g,h  
Section II b,c,d,f,  
Section III b,c,d,e,g,h,k  
Section IV c,f,g,j,l,k,m,n  
Section V a,d,e,f,h,j,l,m  
Section VI a,b,c,d,e,f,g,h,i,j  
Section VII b,c,e,f,g,i  
Section VIII e



No substantive changes were noted since the last site visit. The entire campus still consists of two small rented buildings in an industrialized port area. Classrooms are poorly equipped with one inadequate multipurpose lab and no real medical library. One anatomy cadaver is used for multiple terms. Course descriptions and the curriculum breakdown are inadequate. Small faculty teaches numerous courses and there no listing of clinical hospital affiliations. There are no federal or regulated private loans. Complaints have been received from students about slow refunds and withholding of transcripts. Free housing advertised on web site is so poor that most students will pay to rent apartments.

- **University of Sint Eustatius,**  
St. Eustatius, Netherlands Antilles, 1999  
**Deficiencies**  
Section I b,c,d,e,h  
Section II c,d,k,l  
Section III b,c,d,e,,i  
Section IV c,f,l  
Section V b,c,e,f,h,j,l,n,m  
Section VI b,d,e,f,h  
Section VII b,d,e,f,g,i  
Section VIII b,c

No substantive changes were noted since the last site visit. A promised campus complex has failed to materialize and there has been significant turnover in faculty and administration. Classrooms are in rented local buildings and can require up to

a 30 minute walk from one area to another. "Dorms" are actually run down local hotels. There is insufficient library space and inadequate book and journal holdings although the computer lab is well equipped. Curriculum has a minimal 32 month total duration with an unrealistic number of basic science courses crammed into four terms. School does not publish hospital affiliations or loan programs. Large student body contingent from African country was withdrawn by government last year. School accepts large number of transfer students, some without proper documentation or completion of a full basic science curriculum. Advertising of success rates on web site is misleading.

- **International University of the Health Sciences,**  
St. Christopher, West Indies, 1997

**Deficiencies**

Section I a,b,c,f,g,h  
 Section II a,b,c,d,e,f,g,h,j,k,l  
 Section III b,c,d,f,h,l,k  
 Section IV c,d,e,f,g,k,m  
 Section V b,d,e,f,g,h,i,j,k,l,m,o  
 Section VI b,c,d,e,f,g,h,l,j  
 Section VII a,b,c,d,i  
 Section VIII a,b,c,e

No significant changes noted since last visit for school with a primarily distance learning curriculum. Grants advanced placement to allied health professionals; full-time residence on St. Kitts is not required. Problem based learning on computer with tutorials gives insufficient basic science preparation. No labs or real library at "campus" site which is a solitary rented building, "Brannigan House". Lacks permanent onsite faculty and the web site list is misleading about actual faculty involvement with students. While hospital experience on St. Kitts has expanded, local physician preceptors are not skilled in problem based learning. There is no list of clinical sites and no federal or regulated private loans are available. Several state licensing boards will not license graduates of this school. Marketing is misleading on web site. Several new affiliations listed in India but Medical College of London does not appear to exist nor have a current link from IUHS. Web site advertises eligibility to take PLAB in U.K. but this was not confirmed by General Medical Council in U.K. The website for IUHS has been expanded to list affiliations with other institutions in the United States, United Kingdom and India. There were no site visits to these "affiliates" and the London contact appears to have vanished.

- **St. Matthews School of Medicine,**  
Ambergris Caye, Belize, Central America, 1997

**Deficiencies**

Section I b,c,d,f,h  
 Section II c,e,k,l  
 Section III a,b,c,d,e,f,i  
 Section IV b,c,f,g,m,n  
 Section V b,d,e,f,h,l,l,j,l,m,n  
 Section VI a,b,e,h,i  
 Section VII b,e,f,i  
 Section VIII c

This school has experienced serious internal management problems with both high

faculty and administrative turnover. Relocation of basic science campus last year to a rented office building in the Cayman Islands provides only the most basic classroom facilities. The labs and library remain inadequate; plastinated parts are used in anatomy instead of cadavers. School is very decentralized and the Maine campus at a small remote college still lacks proper structure for a basic science instruction. Portion of instruction done in USA may create licensing problems, although this school is still too new for many test cases. Possible licensing issues are still not realistically addressed by the school. School takes significant amount of transfer students and failures from other medical schools. Web site is misleading as to facility and actual onsite fulltime faculty. Clerkship program is loosely organized.

- **University of the Health Sciences, Antigua,**

West Indies, 1982

**Deficiencies**

Section I a,b,c,d,g,h

Section II a,b,c,d,e,f,g,h,j,k,l

Section III b,c,d,h,j,k

Section IV f,g,l,k,m

Section V b,c,e,f,,h,j,k,l,m,n

Section VI a,b,c,d,e,f,g,h,

Section VII b,c,d,e,f,g

Section VIII a,b,c,d

Distance learning, part-time attendance, and advanced placement to allied health professionals are part of this curriculum. The school also specializes in quickie, but expensive, "conversion" degrees-for dentists, veterinarians, doctors of osteopathic medicine and chiropractors to MD's. There is a run down permanent campus in a remote location with a guard at the gate. Visitors are not welcome. The dorms are old barracks. There are insufficient laboratories and a small library with a few old books and journals. Insufficient faculty are onsite (one elderly fulltime anatomist this past visit) and the faculty list on web page is very misleading. There is no list of clerkship affiliations or preceptors and the school has no relationship with the local hospital or health care community. Stafford loans were withdrawn on an emergency basis in 1995 by US Department of Education, there are no current financial aid programs. Letters sent by former students complain of inability to obtain transcripts and vital licensing endorsements as well as tuition refunds. This school has been in existence over 20 years but web site fails to list graduates with residencies. There are email contacts for more recent graduates but we received few replies.

- **Spartan Health Sciences University,**

St. Lucia, West Indies, 1981

**Deficiencies**

Section I a,b,c,d,h

Section II a,b,c,d,f,g,j,k,l

Section III c,d,k

Section IV c,f,m

Section V b,ce,f,h,j,l,m

Section VI a,b,e,f,h,l

Section VII c,e,f,l

Section VIII a,b,e

There are no significant changes since the last site visit. There is some improvement noted in the permanent campus building that sits next to a bottling plant in an industrial area of Vieux Fort. There is a small stable faculty who each teach several courses. Nearly all are foreign trained with the exception of 2 Spartan graduates who never completed residencies. There is no alteration in the minimal four trimester basic science curriculum which is taught in a piecemeal approach. It is impossible for all the basic science and pre-clinical topics to be covered in such a short time frame. Two cadavers, one male and one female, are present in the tiny anatomy lab. There is a small library with internet access but the holdings of books and journals are insufficient. There is no listing of hospital affiliations and students must pay own clerkship fees, which can be several hundred dollars a month. 66 weeks of required core clerkships includes only 6 weeks of Pediatrics but 20 weeks of core surgery and surgical subspecialties. The main teaching hospital is a small facility for civil servants in Juarez, Mexico, which tends to run a low census. There is little structure to the teaching program and students must often find their own clerkships in the USA. Federal loans were withdrawn 1997. Despite establishment in 1981 and claims of licensed graduates in 40 states, this school can provide the names of fewer than 60 licensed graduates. There is a history of legal sanctions by California and injunctions by the Texas Attorney General.

- **St. James School of Medicine,**  
Bonaire, Netherlands Antilles, 2000  
**Deficiencies**  
Section I a,b,c,d,f,g,h  
Section II a,b,c,d,e,f,g,h,j,k,l  
Section III b,c,d,g,h,i,j,k  
Section IV d,f,g,l,k,m,n  
Section V b,c,d,e,f,h,j,k,l,m,n,o  
Section VI a,b,c,d,e,f,g,h,l,j  
Section VII b,c,d,e,f,g,i  
Section VIII c

This school began by taking transfer students to clerkships before basic science instruction actually commenced. The basic science curriculum attempts to cram the first two years of medical school into four short trimesters. The facility consists of a few classrooms in a very old school building with no gross anatomy lab or cadavers. There are a few microscopes and improvements in classroom equipment but the overall impression is one of high school science facility, and a poor one at that. There is limited internet access but no real medical library. Up to date journals and texts are woefully absent. There is high faculty turnover and some teachers are also students. Some faculty teach many courses that are often not within their field of expertise. This school has minimal admission standards and has a high percentage of transfer students. Recruiting is directed toward granting advanced standing to allied health professionals; a policy clearly stated on the web page. Allied Health professionals pursuing this course of study are at risk for licensing problems. Another program targets foreign trained MD's in a "rehabilitation" program. There is no listing of clerkship affiliations in the catalog or on the web page and applicants are given false assurances that their clerkships will meet "greenbook" standards by recruiters.

**St. Martinus University, Curacao, Netherlands Antilles, 2003**

It appears every Dutch island with the exception of Aruba now has a medical school. There is a sketchy web page showing a minimal basic science program crammed into four short trimesters. The new medical is located in Otrabanda, a charming, older area trying to attract business and tourist interest. The facility is a cavernous, old school building sorely in need of renovation for basic medical school facilities such as labs and a library. There were a handful of students and three faculty (one was the Dean) present. The Dean was a former administrator at the University of Sint Eustatius. This school hopes to attract Venezuelan and South American students with plans for extensive development and charges a great deal of tuition for a practically non-existent program. There are no loan programs to date. Curacao is a large island with one large major teaching hospital and more sophisticated medical community than most Caribbean islands. For the time being, St. Martinus rates Global Deficiencies Categories I-VIII.

**St. Mary's School of Medicine, Castries, St. Lucia, West Indies, 2003**

This school first surfaced in the Pacific Basin with a WHO listing in the Cook Islands, Rarotonga. There was an aborted effort to hold classes in the Hawaiian Islands resulting in the loss of tuition to many students. The promoter, who had an office in El Paso, Texas, then began instruction across the border in Juarez, Mexico, following the time honored tradition of CAHSU and Spartan. Complaints to the Texas Attorney General by students led to governmental scrutiny and this school vanished from site for a few years. It has resurfaced with a web site and alleges a campus now on the island of St. Lucia. The address on St. Lucia is actually a post office box and there was no evidence of a campus. Furthermore, the World Health Organization is unable to verify any request from the Ministry of Health of St. Lucia to list this school in the World Directory of Medical Schools. St. Mary's WHO listing has been removed from the Cook Islands. Students are not approved as of the fall of 2003 to take the USMLE exams by the ECFMG. The web site gives no names to contact other than "Admissions" which is how inquiries are answered by email requests. Students are not required to pay an application fee by must put down a non refundable matriculation of \$950.00. St. Mary's is more than deserving of the Global Deficiencies, Categories I-VIII. There are probably a few confused souls who will actually send a deposit to this place.

- **Grace University,**  
Belmopan, Belize, Central America, 2000  
**Deficiencies**  
Section I a,b,c,d,f,gh  
Section II a,b,c,d,e,f,g,h,j,k,l  
Section III a,b,c,d,e,f,g,h,l,j,k  
Section IV c,f,g,l,k,m  
Section V a,b,c,d,e,f,h,j,k,l,m,n  
Section VI b,c,d,e,f,g,h,l,j  
Section VII b,c,d,e,f,g,h  
Section VIII a,c,d

Grace University has been in existence for over 15 years and reinvented itself on several occasions. Opening initially on the island of Nevis with a minimal operation, a Cambridge, England, "campus" was subsequently opened. The site visit in 2001 revealed a shabby, run down upstairs flat on the outskirts of Cambridge promoting a distance learning program with advanced standing for allied health professionals. The school closed briefly when it lost its charter then obtained registration in Belize. The operation moved to the capital, Belmopan, with promises of building a

new campus. Grace remains true to its prior modus operandi and has its classes in a rented two flat building on a dirt side road in a residential area. A handful of students hear lectures by a few visiting faculty in the made over living room and bedroom "classrooms" in this dreary place. There is no catalog and the web site misrepresents the program, facility and faculty members. There is no list of hospital affiliations. This school has run out of the promoter's home in Florida despite regulations by the Florida Department of Education that requires an approval process. Run from this one.

- **Central American Health Sciences University,**  
Belize City, Belize, Central America, 1996

**Deficiencies**

Section I a,b,c,d,f,h  
 Section II a,b,c,e,f,g,j,k,l  
 Section III b,cd,e,g,h,k  
 Section IV a,b,c,d,f,g,j,l,m  
 Section V b,c,d,e,f,h,j,k, l,m,n  
 Section VI b,c,d,e,f,g,h,l,j  
 Section VII c,d,e,g,l  
 Section VIII d,e

There are few changes since the last site visit. The school has moved further from Belize City into an area designated as the "free zone." This is a guarded area for businesses investment and other entities. The building is an improvement over the former structure but nevertheless rented. There is a large library with computer access but holdings are sparse and most woefully outdated. Students live in nearby small village; this is an isolated area. The anatomy lab held two desiccated cadavers with dirty dissection tools lying about on trays. There is minimal faculty presence; most are part-time. The handful of students present during the site visit state they spend only two terms in Belize then go to the Juarez, Mexico, "campus." Our site visitors confirmed that this is, in fact, a store front facility directly across the border from El Paso, Tx. The school does not publish a hospital affiliation list. There is a history of sanctions by the Texas Attorney General.

- **American International School of Medicine,**  
Liliendaal, East Coast Demerara, Guyana, South America

**Deficiencies**

Section I b,c,d,f,g,h  
 Section II a,c,d,e,f,g,h,j  
 Section III b,c,d,e,h,i,k  
 Section IV a,c,f,g,m  
 Section V b,d,e,f,h,j,k,l,m,n,o  
 Section VI a,b,c,d,e,f,g,h,l,j  
 Section VII b,d,e,f,g  
 Section VIII a,c

Application to this school can only be made online and faxed to a number in Massachusetts. Information available on the web site is still incomplete. Minimal facilities and labs still characterize this school which gives advanced standing to allied health professionals and clerkship credit for on the job training. There is some experience available in local hospitals. There are few fulltime qualified faculty members and no list of clerkships. The promoter is a graduate of Grace University

with no postgraduate training. Tuition refunds are given only in the case of proven serious illness per the web page.

• **Centro de Estudios Universitarios Xochimilco,**

Ensenada, Mexico

**Deficiencies**

Section I b,c,d,f,gh

Section II a,b,c,e,f,g,h,l,j,l

Section III b,cd,h,l,k

Section IV a,f,g,k,m

Section V d,f,g,h,l,n

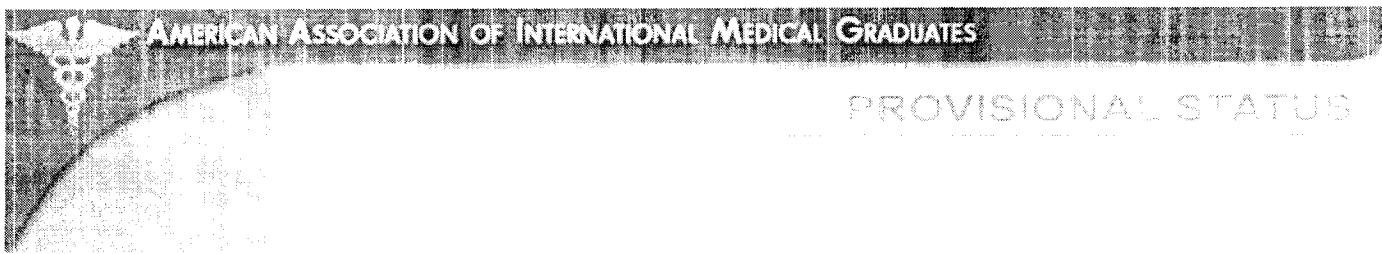
Section VI b,c,d,e,f,g,h,l,j

Section VII c,d,e,f,g,l

Section VIII a,b,d

This school has opened and closed in a number of locations in Mexico for the past 15 years. It moved from central Mexico to the Baja peninsula to attract gullible Americans. It was featured in 1992 on a national investigative news program and subsequently lost U.S. Federal loans. The campus is still housed in a former hotel. There are no labs and few fulltime faculty. Admission standards, course attendance and testing requirements are lax. Faculty is primarily part-time and courses are taught in a haphazard order. There is no list of affiliated hospitals and haphazard clinical supervision.

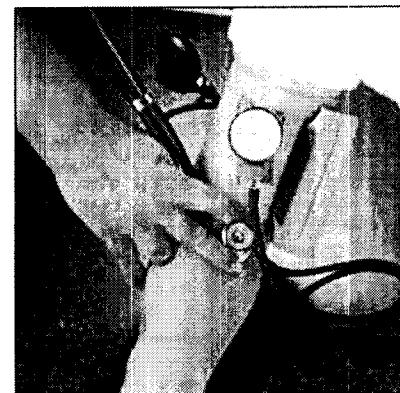
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It is distressing to see so many new medical schools sprouting up on virtually any independent island or promoters using third world countries to set up "store front" type operations in the United Kingdom. The title of physician is honored and esteemed throughout the world. Numerous television series glamorize the role of physician as living a dynamic, heroic lifestyle. Unfortunately, many promoters in the offshore medical community exploit this image by setting up substandard proprietary schools that prey on the naive and under qualified applicant.

At AAIMG we get dozens of emails each month from prospective applicants who ask for an evaluation of their qualifications. A typical applicant unfortunately, has an undergraduate GPA below 3.0, no MCATS or total MCAT scores under 20. Most of these young people have been accepted at a substandard school that charges a tuition rate higher than many US medical schools. All we can do is warn them that a poor basic science education and a haphazard clerkship program predict little or no success in passing the exceptionally difficult USMLE Steps I and II. According to an analysis of USMLE passing rates by the Education Commission for Foreign Medical Graduates, U.S. citizens who are International Medical Graduates have lower passing rates and lower scores than foreign national IMG's. The US citizen with an inferior education who fails to pass the USMLE exams cannot obtain a residency and will have little to show but a huge debt. Prospective medical students should consider the following **WORDS OF CAUTION**:

- "Store Front" medical schools cannot offer the level or depth of education needed to pass the USMLE exams nor attract the best faculty.
- Substandard schools often exaggerate or distort their poor USMLE passing rates. As the ECFMG does not release scores of individual schools, actual passing rates are difficult to verify. Beware of any unusually high claims of high passing rates that cannot be verified.
- The recruiters are trained in high pressure sales tactics, with the same techniques that sell automobiles, aluminum siding and encyclopedias. Their goal is a sale; to make a profit for the school, often in the guise of flattery and concern for your welfare.
- The tuition charged by most substandard schools is very high. Some of these schools have private loans from the secondary medical education loan market. It is important to note that some of these loan companies do not rigorously examine the quality of foreign medical schools they approve for loans.
- Interest rates charged in the secondary loan market are not deferred; the





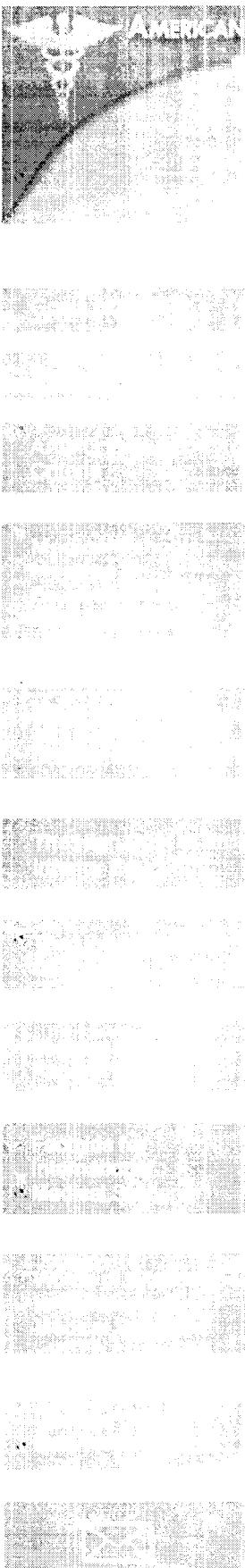
AMERICAN ASSOCIATION OF  
INTERNATIONAL MEDICAL GRADUATES

interest clock starts clicking as soon as the loan is paid out. Numerous fees may also be charged. Loans may also be made for living expenses; thus increasing student debt level.

- The loan debt from secondary market loans is not dischargeable in bankruptcy; this means payment default will be rigorously pursued by the loan organization.
- The reputable schools often charge a higher tuition rate but offer a more rigorous education and are likely to have FFEL or internal loan programs.
- **STATE LICENSING BOARDS** are becoming increasingly aware of substandard schools, especially those offering advanced standing and a medical degree by distance learning. Denial of a license to practice to any physician is reportable on all licensing board applications and to credential verification organizations. Acceptance into a residency program does not guarantee future licensure.

In summary, the graduate with an MD who cannot pass the USMLE exams has little to show but a huge debt that can be as high as \$150,000. The interest clock continues to run; payments cannot be deferred after graduation unless the graduate has passed all exams and is engaged in postgraduate training. Job prospects are limited as is earning power and the Doctor of Medicine is little more than an empty title. The loan repayment will be very high and any graduate in payment default will vigorously pursued. Years better spent in pursuit of another career will have been lost.

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## AMERICAN ASSOCIATION OF INTERNATIONAL MEDICAL GRADUATES

UPDATES FROM  
THE PRESIDENT

- St. Christopher University
- Kigezi International
- Medical College of London
- London Medical College

Since 1996, the United Kingdom has become a site of convenience for new medical schools chartered in other countries. The medical school promoters obtain a World Health Organization listing but have little to no presence in the country. They rent offices and a few classrooms at local colleges in the U.K and operate a "campus" and program leading to the Doctor of Medicine degree. Cambridge, England, is an ancient university town and home to many prestigious British colleges that was once home to three such schools: Grace University (chartered in the Caribbean then Central America), St. Christopher (chartered in Senegal) and Kigezi (chartered in Uganda) all have had a "campus" there. As the story goes, the promoters of St. Christopher and Kigezi got their start as students and faculty at Grace. The recent site visit shows only Kigezi remaining in Cambridge. St. Christopher now rents facilities at the Polytechnic University in Luton and Grace has departed to Belize, where it actually holds a charter.



Recently, two new schools catering to U.S. citizens have appeared in London. The Medical College of London was started by a former administrator at St. Christopher and claims to exist through a relationship with the College of Medicine and Health Sciences, on the small island of St. Lucia. The World Health Organization shows a listing for this name through December 2001. There is no facility bearing this name on St. Lucia and the island government is not familiar with the school. Enter London Medical College advertising an M.D. by distance learning on the web site of International University of the Health Sciences. The relationship appears short lived as London Medical College appears to have terminated the relationship as of June 3, 2003.

### **St. Christopher University School of Medicine,**

Luton, England, 2000

#### **Deficiencies**

- Section I a,b,c,d,f,g
- Section II b,c,e,f,g,j,k,l
- Section III a,b,c,d,f,h,l,k
- Section IV c, d,f,g,
- Section V b,c,d,e,f,h,j,k,l,m,n
- Section VI a,b,c,d,e,f,g,l,j
- Section VII b,e,f,
- Section VIII e

St. Christopher has given up the more prestigious environs of Cambridge and

moved its operation to the more mundane campus of Luton University, just north of London. Other than downscaling the location, little has changed about this operation. The labs and classrooms are a few rented rooms from the local university and the bulk of the faculty are undergraduate Luton faculty moonlighting or unemployed M.D.'s from former British colonies who are unable to pass the PLAB or practice in the U.K. There are a few Ph.D.'s that are both students and teachers. There are a large number of transfer students from the Dominican Republic and other Caribbean schools, many with a history of failures. The operation in Senegal is virtually non-existent; a call to the Senegal "office" is answered by a local lady with limited English who cannot name any local faculty, or students or describe any teaching activities at the hospital. Although this school only opened in 2000, it advertises US clerkships in 72 "Greenbook" hospitals and board passing rates of 100% in 2000 and 82% in 2001. This type of advertising is not surprising since the promoter is a graduate and former vice dean of Grace University who never completed postgraduate training. St Christopher had a fiscal and credential relationship with the disastrous St. John's University School of Medicine, closed by the Attorney General of Oregon. See <http://www.doj.state.or.us/releases/rel072500.htm>.

**Kigezi International School of Medicine,  
Cambridge, England, 2000**

**Deficiencies**

Section I a,b,c,e,f,h  
 Section II b,f,g,k,l  
 Section III a,b,c,d,h,j,k  
 Section IV c,d,f,g,m  
 Section V b,c,d,e,f,h,j,k,l,m,n  
 Section VI a,b,c,de,f,g,j  
 Section VII b,c,d,f  
 Section VIII d

There have been few fundamental changes since the last site visit. The core of the school remains housed in the same small three story facility in Cambridge but it in no manner meets the standards of a true medical school teaching facility. Students go to the nearby Eurocenter for classes and can use building facilities. The library has added holdings and computers. More names of instructors appear in the catalog but the bulk of instruction is done by part-time faculty. Clerkships are done primarily, according to students, in the U.K and there are options to go to a hospital in Uganda. There is no listing of advertised clerkships in the United States. There is a US office, however, in the small Ohio river town of Ripley. What is particularly astonishing is the high tuition rate charged by Kigezi for such a minimal program.

**Medical College of London, London and Greenwich-Medway, Kent (2001)**

This is a new school chartered as a U.S. Delaware corporation but has a base of operation in the United Kingdom. AAIMG did not learn of the existence of this facility until recently so a site visit has not yet been conducted. It advertises locations at Guys Campus of Kings College in London but will soon be moving to the University of Medway. There is a sketchy web page where vital information such as the curriculum, tuition information, clerkships affiliations etc. is missing. Not surprising, we recognize the promoter as a former Dean at St. Christopher. There is an advertised affiliation with St. Lucia College of Medicine and Health Sciences; a facility our site visitors failed to find on the island of St. Lucia. There

was a WHO listing from January 1 to December 31, 2001, which has expired. AAIMG has contacted the WHO and General Medical Council and can find no separate WHO listing for Medical College of London or any new school in St. Lucia.

**London Medical College (Affiliated with IUHS)**

References to this school appeared on the web site of International University of the Health Sciences as an affiliated program. The link from the IUHS website was terminated in June of 2003. The WHO cannot verify a separate listing for London Medical College.

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## AMERICAN ASSOCIATION OF INTERNATIONAL MEDICAL GRADUATES

AMERICAN ASSOCIATION OF INTERNATIONAL MEDICAL GRADUATES  
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## INTRODUCTION

The AAIMG report on Eastern European medical programs includes a small number of medical schools in various countries that offer an English language curriculum to foreign students. A majority of the programs leading to a Doctor of Medicine degree started after 1990 at reputable institutions accredited by their respective countries. There have been numerous social, economic and political changes in Eastern Europe and in the countries of the former USSR so that many schools have been renamed or listed under a new country by the World Health Organization. The World Directory of Medical Schools is being revised and should be consulted when available. The ten schools visited by AAIMG for the initial Eastern European report in 2001 all met or exceeded evaluation standards of this organization. Since 2001, many new English language programs have opened, some in very remote locations.

The association of an English language program with a historic university or a state approved medical school does not guarantee quality or adequate preparation to pass the difficult USMLE Steps I and II. Our site visitors in 2001 found numerous examples of disgruntled American students who felt they were misled about the content of the medical curriculum, requirements for language fluency and local living conditions. AAIMG has received a substantial number of complaints about

Eastern European schools. In nearly every case, the complaining student went sight unseen to a foreign medical school, rather than follow the time tested advice of AAIMG to **make a personal visit to the campus before attending**. The focus of this section is somewhat different than the more detailed reports on Caribbean, Mexican and Central American programs. The goal of the Eastern European report is to provide general observations and guidelines pertaining to the study of medicine in Eastern Europe and the countries of the former USSR.

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## HISTORICAL OVERVIEW

Until the Flexner report, aspiring American physicians with financial resources and proper social contacts completed all or part of their medical education at prestigious universities in Germany, Austria, Belgium, France or Italy. As the quality of American medical education improved during the first half of the 20th century, Europe eventually became a destination of study for those Americans unable to gain acceptance in their own country. As Western European medical schools gradually admitted fewer and fewer North Americans, medical schools in Southern Europe became the next best alternative.

A majority of the founding members of AAIMG received their medical education in Spain and Italy. Studying medicine abroad between 1950-1980 meant attaining fluency in a foreign language and adaptation to a different health care and educational system. We went with the expectation of a high level of integration into the local culture. A fifth pathway year was required to compensate for perceived deficits in clinical training and technology during the third and fourth years. Enrollment in Italian and Spanish medical schools began to dwindle with the establishment of English language programs in the Caribbean Basin. In the past 10 years, Eastern European medical schools have entered the market place as a highly viable alternative for medical studies. Many programs are located at famous centuries old universities that have produced world-renowned scientists and Nobel Prize winners. The establishment of a separate language based tract brings badly needed hard currency to institutions that rely primarily on state funding. The presence the English speaking students likewise stimulates faculty to improve their English language skills and keep abreast of new technological developments.

The original English language programs began with small groups of students in Poland, the Czech Republic and Hungary. English language medical programs are attended by students from a variety of countries including the United States, Canada, the Scandinavian countries, The United Kingdom, Greece, India, and the Middle East. In the regular medical program foreign students are numerous and study in the official language of the host country. The largest percentage of Americans studying in Eastern Europe are currently concentrated in Poland. This is due to the fact that Poland has many major universities that have been approved by the Department of Education for FFEL loans. However, not all Universities in Poland have received D.O.E. approval to this date. English language programs are found in several established medical schools in The Czech Republic and Hungary. These countries are actively seeking approval by the U.S. Department of Education on the basis of having a medical education system that has standards equivalent to those in the United States.

Despite age, history, and reputation, all Eastern European Universities have

struggled to overcome decades of repression of free thought and expression by their former Communist Governments. In some cases, prominent researchers and scholars were imprisoned, executed or fled to other countries, leaving an intellectual and leadership gap in many university faculties. Nevertheless, these seats of higher learning have struggled to re-establish an atmosphere of free thought and scholarly research. An understanding of the political history and suffering of the residents these countries will help the aspiring medical student make a better adjustment to local conditions. The next section lists common themes identified by AAIMG interviewers during site visits by listing advantages and disadvantages of medical studies in Eastern Europe.

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## ADVANTAGES OF EASTERN EUROPEAN PROGRAMS

- The medical schools are older, well-established centers of learning that are part of larger university structures. The university infrastructure provides library, lab, research, computer facilities, dorms, cafeterias and recreational facilities.
- There is a well-established network of hospitals and clinics serving as teaching facilities. The patient population base is sufficient to provide exposure to a broad spectrum of medical problems in both ambulatory and inpatient settings.
- There is a long tradition of scientific inquiry, scholarly research and publication throughout most university structures. There are active research projects at all major University centers.
- There is a large faculty with a broad base of basic science knowledge and clinical experience. Most will have a working grasp of the English language to be able to read scientific publications.
- Students studying in Eastern Europe have access to significant cultural events, museums and recreational opportunities. Local public transportation is cheap and available in larger cities. Rail connections make excursions to other countries readily available.
- Tuition rates are lower at Eastern European Universities than at the better proprietary model schools in the Caribbean. The cost of living and services are reasonable. The U.S. dollar currently has a favorable exchange rate in all Eastern Europe countries.
- Americans have an opportunity to learn a new language, adapt to a new culture and work in a health care delivery system that developed from historical and political systems quite different from those found in the United States.
- A six-year program with premedical studies and language instruction is available in most English language programs to accommodate students who need to complete these courses. Classes are normally small in size.
- A few programs will allow completion third and fourth year rotations in the USA, Canada and Great Britain.

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## DISADVANTAGES OF EASTERN EUROPEAN PROGRAMS

- Despite assurances by stateside recruiters, American students must learn to speak the local language if they are to become competent physicians.
- Language instruction is mandatory in all programs. Students with minimal fluency in the local language will be at a severe disadvantage completing clerkships.
- Although instruction is in English, many of the professors speak with strong accents or have minimal English language fluency.
- American students cannot expect to learn the fundamentals of a proper history and physical by using the services of an interpreter.
- Testing practices are significantly different in European Universities and are heavily skewed toward demonstration of comprehensive knowledge and a tradition of oral examinations.
- Preparation for the USMLE is left up to the individual student in most cases, although some programs are attempting to use multiple choice type exams
- Technology is often not comparable to that of U.S. hospitals and varies greatly in the hospitals and clinics.
- Library and computer resources for the English language students are often not comparable to those available to local medical students. In other words, the English language program facilities, if separate, are not always equal.
- Although patient numbers are sufficient for exposure, medical students in the English language program are in competition with local medical students and postgraduate trainees for cases. American students complained that they were often relegated to scrub work and missed out on more interesting learning opportunities.
- Human relations problems were reported between local students of those in the English language program. Students in the English language programs are usually more affluent and often demanding of special treatment, creating tension and feelings of resentment.
- Low faculty wages and the University's need for hard currency does not always insure integrity in the admission process or examination administration. These practices vary significantly and do not characterize all Eastern European medical schools.
- The typical work day of a third year European student is rarely as long or rigorous as that demanded of medical students in the U.S. The typical workday is normally 8 hours with call schedules either lacking (often due to lack of call room facilities) or a fraction of the 1:4 ratio typical of U.S. student training programs
- Poor communication skills contribute to the isolation of foreign students from the teaching team. Lack of language fluency slows down medical team rounds, tries the patience of nursing staff and often confuses the patient.
- American patients are notoriously intolerant of foreign trained physicians with poor communication skills. Europeans are culturally politer and more deferential to medical authority, but their patience is not infinite.
- Lack of language fluency leads to demoralization and isolation. AAIMG evaluators observed that Americans with the poorest levels of adjustment and most complaints had achieved the least amount of language fluency.
- No English language program publishes a comprehensive list of USMLE Step I, II and CSA passing rates or has a complete list of graduates with residencies.
- Students in the English language program are disadvantaged in terms of representation in student government and have little recourse for appeal in cases of academic failure or disciplinary decisions.
- Eastern European nations vary in requirements for "eligibility" to practice

medicine in that country. Social service or internship requirements may add 1-2 additional years of study.

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## SUMMARY

The study of Medicine in Eastern European countries has many advantages and disadvantages for American citizens. Many of the disadvantages have more to do with the nature and expectations of young American medical students and less to do with the actual quality of the education. Again, we visited established, highly respected medical schools with a long history of training physicians and scholarly activities. **It is not the intent of this report to devalue the quality of medical education in any Eastern European countries, but to provide some realistic guidelines for prospective American medical Students.**

The public education system and post secondary institutions in the United States do not prepare our young people to speak a foreign language. Therefore, the American students in the English language programs visited by AAIMG were at a severe disadvantage when compared to their Scandinavian, Western European and Canadian counterparts. If we were to subjectively rank the adjustment levels of various student groups encountered during the AAIMG site visits, they would read as follows (most to least adjusted)

- (1) Students of any nationality with cultural roots in the host country and some language fluency;
- (2) Students from Western European countries;
- (3) Students from Scandinavian countries;
- (4) Students from the U.K and Canada;
- (5) Other nationalities (Greek, Middle Eastern, Asian);
- (6) American citizens.

Our site visitors found many examples of satisfied Americans who had attained some language fluency and were progressing well with their medical studies. However, our evaluators encountered far to many vocal, complaining young Americans who regretted their choice of an Eastern European medical school and were looking for opportunities to transfer. This phenomenon occurred in every country. It was unclear, however, if many of these dissatisfied students would be satisfied or successful in the event they transferred to another program. Medicine is not for the faint hearted and is a grueling course of study in any country.

English language programs are growing rapidly in Eastern Europe, some without any particular attention to quality control. Many appear to be headed in the direction of a proprietary model where a few school officials receive beneficial interest from tuition paid by foreign students. While North American students are the dominant population in the Caribbean schools, the Eastern European schools attract students of many nationalities. Although the list of new programs grows annually, AAIMG chose to visit only established programs that have higher concentrations of American students.

While there were strengths and weaknesses at all of the English language programs, all programs met or exceeded AAIMG criteria. Again, these are programs that are part of established universities with qualified staff, research facilities, and a well-developed infrastructure. On the other hand, these universities

would do well to internally re-evaluate the need for a separate foreign language medical program from a strictly pedagogic point of view. A separate program creates different standards for different groups and a degree of tension and divisiveness between the local and foreign students. Unfortunately, fiscal considerations may outweigh purely educational decisions in some Eastern European medical programs.

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## EASTERN EUROPEAN PROGRAMS MEETING AAIMG CRITERIA

In every case, the Eastern European medical schools visited by AAIMG evaluators more than exceeded the 75% of the evaluation criteria listed on this web page. Compared to medical schools catering to North Americans in Mexico, The Caribbean Basin and Central America, Eastern European medical schools are superior in nearly every respect. The English language medical programs, however, varied in overall organization, educational quality and student satisfaction. Therefore, our evaluators have prepared some anecdotal comments about the English language programs for each medical school.

### POLAND

#### **Jagiellonian University Medical College, Krakow**

Krakow is an elegant, historic city with a centuries old medical school and large University structure. The University has a tradition of scholarly activity and names Copernicus as a distinguished alumnus. There is a four-year and a six-year English language program with roughly 30-35 students admitted annually to each section. The English language program is dominated by Scandinavian students, particularly Norwegians, who tend to study in the six-year program. The curriculum in the basic and clinical sciences is compatible with the US medical school curriculum. Following the European model, actual clinical experience begins in the second year. There is little room for electives in the fourth year and no provision to return to the US, UK or Canada for electives. Tuition is somewhat higher than other schools but this program has a great deal to offer. Polish language instruction is longer and more intense than instruction in other programs. Admission is very competitive and standards are high. There are six state hospitals and numerous clinics with sufficient numbers of patients to keep students and residents busy.

### THE FOLLOWING POLISH SCHOOLS MAINTAIN RECRUITING OFFICES IN THE UNITED STATES:

#### **University of Medical Sciences in Poznan, Poznan**

This English language program, which opened in 1993, has one of the higher concentrations of North American students and markets aggressively. The medical school is unique in its affiliation with Farleigh Dickinson University and Mercy College for a 7 year B.S./M.S. program. There is a six-year option for students needing premedical studies and a more attractive four-year curriculum. The four year curriculum has a "medical Polish" language course in the first and second years but the contact hours are insufficient to promote substantial language proficiency. Lack of fluency in Polish and frustration with all aspects of the

program, especially hospital rotations, was apparent among American students. Unfortunately, recruiters minimize the importance of language acquisition by assuring prospective applicants they can rely on interpreters during their hospital rotations. The basic sciences are a standard curriculum similar to medical schools in the USA except that clinical medicine experience in internal medicine begins in the second year. The fourth academic period gives little choice in terms of electives but foreign students may complete up to 16 weeks of electives in their own countries. There are five state hospitals and numerous specialty clinics in Poznan. A historic campus is scattered throughout the central city with dorm facilities available for students in the English language medical program. There is a U.S. recruitment office in New York.

### **Medical School of Lublin, Lublin**

Lublin is a University town with one of the country's newer medical schools, established in 1944. There is a private organization that markets the program in the United States. The medical school is part of a larger University complex containing a broad range of facilities. The English language curriculum is four or six years with more intensive Polish language instruction than found in other programs. However, the U.S. placement institute assured our prospective applicant that interpreters could be used in the third and fourth year rotations. There is a small population of American and Asian students in this program, many of whom paid a substantial fee of \$7,900 to a placement agency in the United States to be guaranteed a seat. Other nationalities in the program applied directly to the school. There are approximately 300 medical students admitted to the regular and English language programs. There was a total of about 170 Americans enrolled in the four and six year programs. Although there are 5 hospitals and a number of smaller clinics, patient contact is low due to the large number of trainees. There are opportunities for rotations at a limited number of hospitals in the USA for students placed through the private organization. To qualify for rotations in the United States, the student must first pass the USMLE Step I, then pay up to \$200.00 per week for hospital fees at U.S. affiliates. It is recommended, however, that the third year be completed in Poland.

### **Silesian University School of Medicine, Katowice**

Katowice is a large industrial city still suffering the consequences of years of unchecked severe pollution that still plagues Eastern Europe. The city is a major university center with one of the largest medical school student populations in Poland. There are two huge campuses and many modern facilities. There is a four-year and six-year English language program with much the same student body profile as found in Lublin. There were about 180-190 American citizens present during our site visit. The same placement institute sends students to Silesian as to Lublin. There is intense language instruction but recruiters still gave the impression that the third and fourth year clerkships could be mastered with the use of interpreters. Although there are ten hospitals serving a larger geographical area and many specialty clinics, the medical school admits so many students each year that there is competition for good teaching cases. American citizens sent to Katowice by the placement institute are eligible for clerkship rotations in U.S. hospitals if they first pass Step I and agree to pay weekly Hospital fees of up to \$200.00 per week. It is recommended that third year rotations be completed in Katowice.

**CZECH REPUBLIC****First Faculty of Medicine, Charles University, Prague/Hradec Kralove**

Prague is truly the queen city of Eastern Europe and full of marvelous cultural opportunities. Charles University is one of the oldest Eastern European Universities founded in 1348. An application to the English language program may result in admission to the more competitive seats at the Medical Faculty of Prague or result in acceptance at another campus. There is a second Charles University Medical Faculty about 60 miles away in the pretty town of Hradec Kralove. Although it is a much newer facility (established 1945), the English language program curriculum is the same as at the main campus. As in other medical schools, there is a broad mix of students in the English language program. Czech programs are six years in duration and the English language program is nearly identical to the curriculum followed by Czech medical students. An entrance examination is required for all foreign students to determine proficiency in undergraduate sciences. Language instruction is intensive in the basic science curriculum and it is clearly stated that proficiency in Czech is required for communicating with patients. Americans are a smaller percentage of students in both English language programs. There are about 200 total students in the English language curriculum, primarily composed of Scandinavians, Western Europeans, Greek citizens and students from Middle Eastern countries. Both campuses have highly computerized library and research facilities and are part of the Socrates/Erasmus Programme which links major European universities. Prague has a much larger patient base but the hospitals are scattered throughout the city and supported by smaller, decentralized specialty clinics. The centralized 1600 bed University Hospital in Hradec Kralove, however, was more than sufficient for teaching purposes.

**Palacky University Faculty of Medicine, Olomouc**

Olomouc is the fifth largest city in the Czech Republic located in a primarily agricultural section of the country. The city has a lovely historical section which incorporates part of the University. Facilities range from massive 19th century lecture theaters to modern computerized labs. Czech language courses are taught seriously and intensively. The library is highly computerized and allows students to have access to Ovid Medline. The English language program began in 1993 and has remained a small program with few North Americans. Testing follows the European oral tradition but there is some attempt on the part of the faculty to provide multiple choice testing options. Palacky is unique in that the medical school has its own 1700 bed hospital serving the 100,000 inhabitants of Olomouc and surrounding rural communities.

**HUNGARY****Albert Szent Gyorgyi Medical University, Szeged**

This University has one of the oldest English Language programs in Eastern Europe (16 years) and recently opened a German language program. Hungarian medical schools are regulated by strict state codes that all students must follow. The standard curriculum is six years. Hungarian language is taught intensively and fluency is expected by the time the student enters clerkships in the last two years. There is a social service internship year that follows graduation from medical school. Graduates of Hungarian medical schools must write a thesis and pass a